

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90233 039 ****61.25

C 3741

DOCUMENT # N96000004234

1. Entity Name

CORBETT BIRD OF PREY & WILDLIFE SOCIETY, INC.

Principal Place of Business

267 SW GROVE AVENUE
 PORT ST. LUCIE FL 34983

Mailing Address

267 SW GROVE AVENUE
 PORT ST. LUCIE FL 34983

2. Principal Place of Business

267 SW GROVE AVE

3. Mailing Address

←

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PT. ST. LUCIE, FL

City & State

← FLORIDA

4. FEI Number

65-0694352

Applied For

Not Applicable

Zip
 34983

Country
 USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARRELL, RICKEY L
1595 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CORBETT, DONA	
STREET ADDRESS	267 SW GROVE AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSEN, PAT	
STREET ADDRESS	261 SW GROVE AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREGA, JOHN	
STREET ADDRESS	4531 SE ROARING BROOK WAY	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature] DONA M. CORBETT 5/15/01 564 871-6007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/00)